State of New Jersey
Department of Agriculture
Division of Marketing and Development
P.O. Box 332, Trenton, NJ 08625-0332
(609) 292-5646
www.nj.gov/agriculture

ISSUED	
APPROVED	

APPLICATION FOR MILK DEALER'S LICENSE

PLEASE PRINT OR TYPE - COMPLETE BOTH SIDES

The undersigned h 4:12A-1 et seq., as	amended, for the period co	mmencing			and ending		
1. Full Name of Ap	plicant	(If corporation, give	e exact title; if partnership, give	name of firm)			
2. Mailing Address	iress						
_	(Number and Street)		(City)	(State)	(Zip Code)		
Physical Addres	(Number and Street)		(City)	(State)	(Zip Code)		
3. Phone Number	()		Fax Number ()			
4. Is the business	of the applicant owned by:	☐ An individual	☐ A partnership	. [A corporation		
☐ A cooperativ	re ☐ Other (ex	plain)			-		
	or trade name(s) used, if any						
		Where file	d?				
6. (a) If partnership) :						
Name of E	ach Partner	Address		Zip Co	ode		
Principal offic	incorporated? ce in State of New Jersey	Address					
In what state Principal office Resident Age	incorporated? ce in State of New Jersey ent FE: ALL OUT OF STATE CO	Address					
In what state Principal office Resident Age PLEASE NOT	incorporated? ce in State of New Jersey ent FE: ALL OUT OF STATE CO	Address					
In what state Principal officers Resident Age PLEASE NOT STATE OF NE Officers	incorporated? ce in State of New Jersey ent FE: ALL OUT OF STATE COI EW JERSEY	Address RPORATIONS MUST					
In what state Principal offic Resident Age PLEASE NOT STATE OF NE Officers Na President	incorporated? ce in State of New Jersey ent TE: ALL OUT OF STATE COR EW JERSEY	Address RPORATIONS MUST	LIST A PRINCIPAL OFFIC		IDENT AGENT IN TH		
In what state Principal offic Resident Age PLEASE NOT STATE OF NE Officers Na President	incorporated? ce in State of New Jersey ent FE: ALL OUT OF STATE COI EW JERSEY	Address RPORATIONS MUST	LIST A PRINCIPAL OFFIC	CE AND RES	IDENT AGENT IN TH		
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In what state Principal officers PLEASE NOT STATE OF NET O	incorporated? ce in State of New Jersey ent FE: ALL OUT OF STATE COI EW JERSEY ame	Address	LIST A PRINCIPAL OFFIC	CE AND RES	IDENT AGENT IN TH		

7.	(a) is applicant a subsidiary of, affiliated with, or associated ecompany? (This includes corporations and companies (b) if yes, explain nature of same fully (attach continuation shapes)	not involved in any way	•	·
8.	How many milk routes will be operated in New Jersey?			
	Retail Wholesale	_Combination		Total
9.	Do you hold a current permit from the New Jersey State Dep	partment of Health?	. ☐ Yes	□ No
10.	Check EACH item that applies to your business:			
	☐ Process and Package Milk/Milk Products	☐ Sell Milk/Milk Pr	oducts to S	tores and Consumers
	Purchase Packaged Milk/Milk Products from: (List all sources)	Sell Milk/Milk Pr (List all, includin		
	☐ Manufacture only and/or Sell Milk only in another state			
		(attach continu	uation sheet	t if necessary)
11.	ATTACH financial statement (operating statement and balance sales of less than \$100,000 per year may file (in lieu of the optollowing: (1) Copy of Internal Revenue Service Form for Corporation (Fig. 1).	perating statement and	balance sh	eet) either one of the
	(2) Financial Statement Forms available from Division of Mark			
12.	License Fee*	3		
ING	E APPLICANT CERTIFIES THAT HE HAS HERETOFORE A THE STATE OF NEW JERSEY AND WITH ALL OF THE ORD AND DEVELOPMENT, AND WILL CONTINUE TO DO SO, A DERS AND REGULATIONS PROMULGATED BY SAID DIVI	DERS AND REGULATI ND FURTHER THAT I	ONG OF TL	IE DIVICIONI OF MARKET
301	E APPLICANT HEREBY REPRESENTS THAT THE PPLEMENTARY STATEMENTS AND SCHEDULES ARE HIJE AND CORRECT.	STATEMENTS MADEREBY MADE A PART	DE IN THI TOF THIS	S APPLICATION AND APPLICATION AND ARE
Date	e at this	(Full Nor	o of Appliant	please print or type)
	day of, 20		ie of Applicant - p	prease print or type)
NOTE: If partnership, firm name must be inserted and each partner must sign individually. If corporation, corporate name must be inserted in full and signed by one of the corporate officers. (CORPORATE SEAL MUST BE IMPRESSED)		(Signature) (Signature)		(Title)
		(Preparer's Name - please	print or type)	(Nue) (Phone Number)
PLE finar	ASE NOTE: Financial statement (Item 11) must accompnay noial statement will be returned.	completed application	. All applica	ations received without the
to a	every milk dealer shall pay a fee of \$0.02 per hundredweight ealer sales; but a milk dealer processing milk for sale to other dealer selling to stores and consumers shall pay a minimum	dealare chall have a mir	aimuum faa a	the State excluding dealer of \$1,300.00 per year and a
A m man	ilk dealer engaged in handling milk in the State of New Jers ufacturing shall pay a license fee of \$300.00 per year.	ey, but selling milk onl	y in anothe	r state or engaged only in
y i C i C	lk dealer who during the year prior to the one for which the a I a fee of less than \$300.00 per year may pay his full fee at the ness. Milk dealers shall pay the fee by the fifteenth of each m	ne beainning of the lice	nce year h	acad upan tha milan ussuls